



MEDICAL BOARD OF CALIFORNIA Licensing Program



BIRTH MONTH LICENSURE REQUEST

California licensing regulations specify that a license expires at 12 midnight on the last day of the birth month of the licensee during the second year of a two year term. If you are licensed in your birth month, your initial license will be valid for a full 24-month term. If you are licensed in a month other than your birth month, the term of your *initial license* will be less than 24-months.

Please indicate your preference by checking one of the options listed below:

☐

I would like to wait until my birth month of _____ to be licensed.

☐

I would like to be licensed as soon as my application is processed. I understand and acknowledge my *initial license* will be valid for less than a 24-month term.

Printed Name of Applicant: _____
(As it appears on Form L1A)

ATS#: _____
(If Known)

Date of Birth: _____
(mm/dd/yyyy)

Signature of Applicant: _____ Date: _____

Please return the form using one of the following methods:

1. Submit the completed form with your initial application.
2. Fax the completed form to the Board at (916) 263-2382.
3. Mail the completed form to the address listed below.